

CITY OF BERLIN, NH
POLICE DEPARTMENT
REQUEST FOR RECORDS

Name(s) of Involved: _____

Report Type: ☐ Accident Report \$20 ☐ Incident Report \$20 ☐ Arrest Report \$20

(Prepayment is required in the form of exact change or checks made payable to the Berlin Police Department)

- After the first page an additional \$2.00 charge per page is applied

Date of Report/ Incident: _____

Pursuant to Driver Privacy Act RSA 260:14, III, for accident report request ONLY, please check:

- You are the
- ☐ owner of involved vehicle
 - ☐ operator of involved vehicle
 - ☐ passenger in involved vehicle
 - ☐ pedestrian hit by involved vehicle
 - ☐ owner of property damaged as a result of the accident

Briefly explain reason for request of these records:

By signing this form, I agree to the following:

I am fully aware that prior to my being allowed inspection of these records, they must first be viewed by the Chief of Police, or his authorized representative, to make certain that any disclosure is in accordance with guidelines set forth in the case of *Lodge v. Knowlton*, 11 B NH 574 (1978).

I am also aware that these records may not be supplied immediately, but as soon as time and personnel allow. Further, I understand there will be a charge for any records released for my benefit.

Lastly, if the release of these records is for the purpose of civil litigation which may require testimony from a Berlin Police Department employee in Court, I understand that I shall be responsible for the cost reimbursement of that employee at his/her current rate of pay, for that day and any other day that requires said employee to appear in Court. This does not apply to criminal cases.

Additional fee's: Archived Records flat rate of \$30, Cd \$25 per Cd, Video Tapes \$25.00 per tape

Signature

Date

Print Full Name, Address, and Phone Number

For office use only:

Requested Date _____ Released Date: _____ Released by: _____

Approved by: _____ Date: _____

Request Denied Reason: _____